



Helen Keller International
Nutrition-Focused Child Survival Project
in Koulikoro, Mali



Annual Report: September 30, 1999 – September 29, 2000
Cooperative Agreement No. FAO-A-00-99-0015-00

Table of contents

Introduction

A. Main project accomplishments

- 1) Preliminary study
- 2) Baseline study
- 3) Writing the Detailed Implementation Plan (DIP)
- 4) The Journée Regionale Micronutriments (Regional Micronutrient Day)
- 5) Research on compliance with iron supplementation
- 6) Advocacy activities
- 7) Qualitative research
- 8) Workshop to develop IEC strategy
- 9) Other activities

Factors contributing to the accomplishment of activities

B. Factors impeding progress

C. Areas of the project requiring technical assistance

D. Substantial changes requiring modification of the cooperative agreement

E. Response to requests for information made during the DIP review

F. Conclusion

Introduction

The Helen Keller International Nutrition–Focused Child Survival Project in Koulikoro, Mali was initiated with USAID funding for a period of four years, from September 30, 1999 to September 29, 2003.

The Child Survival Project HKI / Mali operates in the circles of Koulikoro, Kolokani and Kati, all located in the Koulikoro region. Circles correspond to administrative divisions that are often called districts in neighboring countries. The circle of Kati, due to its large population and geographical area, was divided into two zones: Kati and Ouéléssébougou. The target populations of these intervention zones are presented in the table below:

Age group in the target population	Number in the age group
Infants (0 – 11 months)	35,105
Children ages 12 – 23 months	28,084
Children ages 24 – 59 months	112,333
Total 0 – 59 months	175,522
Women ages 15 – 49	210,627

The project is executed in partnership with:

- the Ministry of Public Health through the appropriate departments within its decentralized health delivery structure: the Regional Direction of Public Health (DRSP), the Regional Direction of Social Action (DRAS), the Circle of Socio–Health Teams (ESSC), and
- partners in the field: Associations of Community Health (ASACO), Non–Governmental Organizations (NGOs) and other groups.

The global goal of the project is to provide technical assistance to health teams based in the three project circles and to partners working in the field in order to reduce morbidity and mortality among mothers and children. This will be accomplished through the improvement of general nutritional status by increasing the intake of micronutrients (iron, vitamin A, and iodine).

The project comprises several specific interventions related to maternal and child nutrition:

- Preventative and curative Vitamin A supplementation among children and women after delivery
- Iron folate supplementation among pregnant women
- Education to increase consumption of vitamin A–rich foods
- Controlling diarrhea
- Exclusive breastfeeding from 0–6 months
- Introduction of appropriate complementary foods.

Requests have been made that HKI consider adding malaria interventions, and this possibility is being studied within the agency.

Concerns were raised during the DIP review about the feasibility of simultaneously launching so many activities. At the same time, results from the Niger Child Survival Project indicated that disseminating too many health education messages at once may result in diminished impact related to each educational goal. In response to these concerns the project has carefully examined what interventions might be phased in more slowly than others to achieve higher quality and greater impact. It was decided that breastfeeding and complementary feeding should be addressed at present only in the context of vitamin A interventions, that is, where doing so contributes to increasing vitamin A consumption and where avoiding them would negatively impact the vitamin A-related dietary goals. For example, a few messages were developed related to the fact that breast milk is rich in vitamin A and that mothers can enrich pap given to infants with pureed vitamin A-rich vegetables and fruits. It is also felt that breastfeeding and complementary feeding promotion may be most successful with interpersonal counseling through mothers' groups. In year two, a number of groups will be mobilized to provide health education in communities, and these can later be used to add breastfeeding and complementary feeding education.

This report covers the period from September 30, 1999 to September 29, 2000.

A. Main project accomplishments

Many of the key project accomplishments in Year one were related to two overall areas.

Advocacy and consultative meetings that raised the profile of micronutrient interventions as important contributors to child survival among counterparts in the government and non-governmental sectors

Research and planning activities conducted to better target the project interventions, which draw from:

- the best available scientific information about nutrition
- lessons learned in other HKI projects
- a careful analysis of nutrition and health practices and beliefs in the area, and
- the potential capacities and partners in the communities that might be involved in project implementation.

1. Preliminary Study of community health centers or CSComs

All community health centers in the project area were visited as part of this study, the purpose of which was to gain an understanding of the readiness of CSComs to deliver nutrition services. The following items were assessed:

- Existence and state of certain equipment
- Existence and state of certain products and essential medicines, such as vitamin A capsules and oral rehydration solution
- Personnel at the level of community health centers

2. Baseline study

One of the greatest strengths of the project to date has been its ability to carefully design research and then to use those results to enhance the probable impact of interventions. The baseline study, conducted from January 20, 2000 to February 5, 2000, permitted the collection of information according to representative samples of mothers of infants less than 12 months, mothers of children 12 to 71 months, men, and women in charge of preparing the family meal. The study included a food frequency survey to estimate the risk of Vitamin A deficiency at the community level, which revealed that communities surveyed fall below the food frequency score indicating risk of deficiency.

The results of the baseline study together with those of a final evaluation of the USAID/PVC-funded child survival project implemented by HKI/Niger have allowed HKI to adopt more targeted objectives and strategies to achieve them. Qualitative research has allowed for further refinement of IEC strategies to promote consumption of micronutrient-rich foods by investigating food behaviors and the potential influences on them.

3. Development of the Detailed Implementation Plan (DIP)

This work commenced just after the baseline study. The DIP was finalized in April 2000 with the full participation of partners from the Ministries of Health and Social Action in the Koulikoro Region.

The HKI Mali bureau had the support of headquarters staff and the Africa regional director. As mentioned, the DIP also benefited from learning drawn from the Niger project, from the experiences of projects such as BASICS and Linkages, and from PVOs such as Save the Children.

4. The Journée Regionale Micronutriments (Regional Micronutrient Day)

In June 2,000, a pilot micronutrient distribution proposed by HKI was conducted in the project zone. The distribution was a collaborative effort with Unicef and a number of government offices, including the Ministry of Public Health Divisions of Family and Community Health and of Laboratory and Pharmacy, National Center of Immunization, and the National IEC Center.

A large information campaign was launched in the first week of June on the importance of the production and consumption of foods rich in vitamin A, iron, and iodized salt. At the same time, there was distribution of iron + folic acid pills to pregnant women, and vitamin A capsules to children 6 to 59 months and women who had given birth within 40 days. A total of 14,685 pregnant women received 90 iron pills each for a period of 3 months ; 7,009 women post-childbirth received one Vitmamin A capsule (VAC) each ; and 172,701 children ages 6 to 59 months received one VAC. These figures represent 100% coverage for vitamin A and 56% for iron. In order to increase coverage, distribution will be conducted from house to house during the next JRM, which will be held in other circles of the region in December. The June distribution took place at central points in the village. The distribution was considered a great success, and the Minister of Health requested HKI's technical support in increasing coverage. The lessons learned from this exercise include the following :

- vitamin A capsules allow more precise dosage than liquid solution dispensers

- using private local radio stations for IEC can be particularly effective when health center personnel are used as spokespersons.

The official launch in Koulikoro was presided over by the Minister of Public Health, in the presence of the Mali representative for UNICEF, the High Commissioner of the region, the national directors, and the heads of related services at Health and Social Action

5. Advocacy and partnership activities

The HKI Mali office conducted many advocacy activities to raise awareness among counterparts in the areas of intervention of the organization. As a result, the office has begun to be recognized as an expert in nutrition and is solicited regularly to participate in planning and policy meetings that have a relationship to nutrition. The office also regularly consults with socio-health authorities at the national, regional, and circle levels. Activities include the following:

- HKI Mali serves as a member of the Commission Nationale de Révision de la Stratégie pour la Nutrition and is integrating the objectives of the Child Survival Project into this strategy.
- The JRM served as advocacy by raising community awareness of the the child survival project.
- HKI/Mali participated in activities conducted to evaluate the Social and Health Development Program (PRODESS) at the regional level in Koulikoro. These meetings also provided the opportunity to raise awareness of the importance of micronutrient and child survival activities.

6. Research on adherence with iron supplementation conducted during the Regional Micronutrient Day

A study was conducted to verify the level of use and adherence of iron folate pills during JRM. This study, which occurred less than three months after supplement distribution, indicated that out of 172 women who received the iron tablets and were able to show that they had them upon request, 119 women (69.2% of the sample) took at least half of the quantity required.

7. Qualitative Research

A qualitative research study was conducted in July to gather information to help plan the project's health education strategy. The focus of the study was to determine the key behaviors the project will be promoting, and to identify factors that facilitate or impede their adoption. The behaviors and research themes were developed based on the results of

the baseline study and with input from a number of social scientists attending a workshop held to plan the research. A number of innovative features were included in the research design:

- A. The card sort method: respondents were asked to sort cards with pictures of foods in different ways in order to reveal how they categorize foods and stimulate discussion.
- B. New target groups such as an older influential woman in the household and birth attendants were interviewed to determine their relative influence on health behaviors.
- C. Questions were included to obtain a general understanding of the cultural importance of a special diet and vitamins among different community members. These included questions about the meaning of the Bambara word “vitamini”.

The workshop held to train interviewers for the study made use of training sessions included in a preliminary draft of a manual produced by HKI with USAID funding entitled: Changing Behaviors: Guidelines on Using Research to Increase Consumption of Micronutrients. The manual will be revised and reissued based in part on its current use in the Koulikoro Child Survival Project.

8. Workshop to develop the project’s IEC strategy

Preparations were made before the end of the fiscal year for a workshop to be held in November to plan the project’s health education strategy. This activity was to benefit from the experience of HKI staff across the board, including a nutritionist from Niger, a training staff member from Niger who supervised the qualitative research training in Mali, and support from headquarters.

9. Other Activities

- Monitoring and evaluation:
 - In preparation for development of monitoring and evaluation tools for the project, HKI staff collected all existing tools used for information management by personnel at the circle and community levels. (These include registers or notebooks, monitoring forms, stock forms, and supervision guides). HKI continues to collaborate with the national system of health information to ensure that information about micronutrient distribution is incorporated at the health center level. For the moment, this information is recorded in notebooks. The Ministry is also in the process of developing integrated supervision guides, and HKI will continue to participate in discussions about their pretest and finalization.
 - HKI has sought the assistance of BASICS with the adaptation of the Health Facility Assessment tool for ongoing supervision of nutrition activities. A meeting with a regional staff person was requested to hold a working session.

- Capacity building: The child survival project project coordinator participated in a class on participatory approaches organized by CSTS and MACRO International and in a class on quality assurance conducted by the Quality Assurance Project.
- Personnel: Three facilitators were recruited who are based in the field so they can collaborate closely with socio-health circle personnel in implementing the project. They have received training in nutrition and child survival.

Factors contributing to the realization of these activities

- A team with complementary skills and experience, and the ability to work closely together in spite of geographic distance, greatly facilitated project success.
 - The existence of a new position, that of Regional Nutrition Advisor, greatly contributed to the technical quality of the project.
 - The project had unwavering support from other HKI offices and from headquarters. From headquarters, the Mali team had close collaboration with Susan Burger, Elizabeth Nisbet, and Siobhan Wilson. Other personnel from headquarters, including President John Palmer and Ian Darnton-Hill, the nutrition backstop for the project, contributed to this work. Although the team members have changed, new staff have been hired to fill the different technical and managerial roles that are needed. From the Africa Regional office, contributions were made by not only the Regional Nutrition Advisor, but also the Regional Director and the team from HKI Niger that implemented the USAID/PVC-funded Niger Child Survival Project.
 - The technical support received was very intense during certain activities, such as the design and execution of the baseline study, qualitative research, and writing the DIP.
- Partners at the Ministry of Health were present at every step of the conception and planning of this project.
- The use of electronic mail was all-important, because it permitted us to have full communication.

B. Some constraints

- Since the baseline study included a food recall intended to determine average food consumption patterns, it could not be conducted during the Ramadan fasting period nor

immediately after it, when celebrations mean that people consume much better food than usual. This delayed the baseline survey and thus delayed as well all subsequent activities.

- Obtaining technical assistance from partners with some activities has shown itself to be a longer process than originally hoped, but this assistance is still being pursued.
- There was some delay in recruiting the fourth field facilitator. All effort will be made towards his or her recruitment before the IEC strategy is implemented in the field.
- Delay in the purchasing of an all-terrain vehicle: the two existing all-terrain vehicles at the HKI Mali office are not sufficient for the number of activities in the field. To remedy this, vehicles have been rented for certain activities.
- The regional pilot committee for the project has not yet set administrative goals. However, there have been planning meetings at the regional level and the circle level with socio-health teams.

C. Areas of the project in need of technical support

HKI Mali could benefit from assistance to reinforce certain project interventions, including complementary feeding, the adaptation of the Health Facility Assessment, and the fight against malaria (the question of whether to add malaria interventions is being considered by the agency at present). In addition to technical support that will be received from different HKI offices, we hope to receive assistance from organizations such as BASICS, regarding the HFA tool, CSTS regarding the use of Appreciative Inquiry to conduct a capacity assessment, and LINKAGES regarding the development of mothers' breastfeeding groups.

D. Substantial changes requiring modification of the cooperative agreement

There are no substantial changes requiring modification of the cooperative agreement.

E. Response to requests for information made during the DIP review

1. The reviewers recommended that the project prioritize its IEC/BCC activities and describe what activities it plans to prioritize and/or target.

The project as initially conceived addressed vitamin A, iron, iodine, diarrhea, breastfeeding, and complementary feeding, and many partners have suggested that malaria interventions be included.

The team has decided to immediately proceed with vitamin A and iron interventions, areas in which HKI-Mali has already made great strides through the pilot distribution of both micronutrients during the Journée Régionale de Micronutriments (Regional Micronutrient Day) held in the three project circles of Koulikoro region. It is logical to address these two interventions at once because they both involve acceptance of supplements and dietary change, though the behavioral challenges differ significantly. For the moment, breastfeeding and complementary feeding will be addressed only in a limited way, where doing so contributes to increasing vitamin A consumption and where avoiding them would negatively impact the vitamin A-related dietary goals. Breastfeeding and complementary feeding are grouped together for introduction in Year 3 as a function of probable IEC strategy, which is expected to entail the establishment of mothers' groups.

Diarrhea and iodine may also be immediately pursued, an issue to be decided in collaboration with partners during a November 6–10 workshop in Bamako to develop an IEC strategy based on formative research results. This issue will be determined depending upon on the strategy identified and the consequent feasibility and added value of additional interventions. Diarrhea could be phased in later also because it has been addressed extensively by other programs; for example, our research demonstrates that a large portion of health messages currently received via the radio concern diarrhea. Our research also shows strong existing knowledge of ORS in the target area, although the use of ORS is still fairly limited. The government has now changed its approach to promoting prepared packets of ORS rather than homemade recipes. Iodine requires an approach quite different from vitamin A and iodine that involves merchants who may sell non-iodized salt unknowingly.

See point number 3 below for comments on malaria.

2. Please discuss the results of the Appreciative Inquiry and collaborative planning and setting of goals and objectives with the local partner.

Regarding Appreciative Inquiry, the exercise was scheduled for January in order to devote full attention to IEC strategy development and immediate training related to supplementation and a clearly demonstrated need for basic knowledge in nutrition. Also, the staff has used this time to gather more information about examples of AI, which will help guide the January exercise.

Regarding collaboration, HKI/Mali's partners are the health and social action services at the national and operational level, which includes the district and health areas, and the regional structure for coordination of NGOs in Koulikoro. These partners were involved in the

development of the DIP and conducting the baseline study and qualitative research. A series of meetings was recently held with partners in the field to exchange information on Child Survival Project activities. We also participated as a team with Koulikoro partners in the Regional Conference of Orientation and Coordination of Studies and Socio-Health Programs (Conférence Régionale d'Orientation et de Coordination des Etudes et Programmes Socio-Sanitaires/ CROCEPSS). This workshop allowed us to better inform health personnel and partners of the project's priorities and approach and to encourage that they take these priorities into account in their operational plans.

3. It was suggested that the project team discuss a phased-in approach in terms of program interventions, such as adding malaria.

Please see comments under number 1 regarding phasing in interventions. For malaria, HKI feels that new interventions should only be added in this area as the agency develops technical capacity in malaria. This matter was discussed during HKI's Regional Africa Meeting held in July, at which a working group comprising representatives of senior management, country directors, and program directors reviewed a technical paper on malaria compiled by the Regional Nutrition Advisor. The group decided to study the issue further before developing interventions. Thus, malaria activities could eventually begin in Year 3 of the Child Survival Project.

4. The reviewers recommended that the project look at the program design in terms of the feasibility of reaching the target population.

Although the target population is large, experience in Niger with a similar program and a population spread out over a broader, harder-to-reach geographical area indicates that reach is feasible given that the interventions will now be phased in more slowly. The initial program design also included measures to facilitate reach that are now being put into place, for example: The selection of four facilitators based in the field: three of four facilitators have been hired, all of whom have considerable technical and field experience. They each will have motorcycles to facilitate movement in the region and will work closely with social/health personnel in the field and with NGOs to facilitate project activities.

Collaboration with NGOs: HKI/Mali is intimately familiar with all of the NGOs in the region working in health, most of which collaborate with health centers and routinely inform them of their activities. In December HKI will hold a meeting to establish the framework of collaboration with these NGOs, after which agreements will be signed with them in phases. These organizations have such a strong presence in the field that they will help create a multiplier effect that will broaden the project's reach. Their function will be to contribute to awareness of the project and of health services offered by the Ministry of Health, the Child Survival Project, and the NGOs while also contributing to improved health behaviors.

5. Because of the change in program management, please discuss how the management is working at the headquarters and field. For example, please address how the reorganization is affecting the project and what the project team would do if issues arise.

To date the collaboration between headquarters and the field continues to work well, with additional support from the regional office in Niger, where a USAID/PVC Child Survival project recently concluded. The headquarters and Mali offices (and to a lesser degree the Niger office) remain in close contact, sending frequent emails and scheduling conference calls, especially in periods of intense activity. Staff take advantage of international meetings on other topics (such as the Regional Africa meeting and a recent Trachoma workshop) to schedule working sessions related to the Child Survival Project.

Nutrition backstopping in headquarters for this project was taken on by Ian Darnton-Hill, but strong support has always been and continues to be present in the field in the person of Dr. Mohamed Ag Bendeck, the Regional Nutrition Advisor. Headquarters has recently hired a grants analyst who will help manage the project, and a new child survival coordinator is being recruited. The job description of the Deputy Director in Child Survival specifically mentions a back-up role to African nutrition activities. Recent changes in the headquarters Finance Department have contributed to improved financial management. A new assistant in the Training and Community Education Department has provided substantive support to facilitate technical work such as qualitative data analysis and development of a guide for the IEC strategy development workshop. A research assistant was hired temporarily in the Mali office for the same purpose. The Project Coordinator has participated in a CSTS training on participatory evaluation and another given by the Quality Assurance Project, enhancing not only his skills but also the number of individuals from whom he can seek technical advice. HKI-New York has also called upon CSTS for assistance.

Should the field staff feel that they are receiving inadequate support from headquarters, they will appeal to headquarters and/or the Africa Regional office for assistance or intervention. By the same token, the Regional Director, who provides additional nutrition backstopping, routinely sees Mali staff in international meetings and is able to discuss issues of project support at such times. In addition, he is in frequent e-mail and telephone contact with project staff in both Mali and headquarters.

F. Conclusion

This first year was dedicated to planning activities and to project implementation, carried out by a team that has continued to work together closely throughout the year, even as it changed over time. A field exercise will be conducted to further refine the new IEC strategy that was developed during a workshop held in November. This activity marks the launching of the most

intense phase of activities, and steps have been taken to ensure that these activities are carefully planned and receive all needed technical input from staff in the Mali office, in other HKI offices, and from partners.